UNITED
NATIONS

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Economic and Social Council

Distr.
LIMITED

E/ICEF/1994/P/L.17
13 January 1994

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Programme Committee
1994 session

FOR ACTION

RECOMMENDATION FOR FUNDING FROM GENERAL RESOURCES AND SUPPLEMENTARY FUNDS FOR A PROGRAMME IN THE ASIA REGION WITH AN ANNUAL PLANNING LEVEL NOT EXCEEDING $1,000,000*

SUMMARY

The present document contains a recommendation for funding from general resources and supplementary funds for a programme with an annual planning level not exceeding $1,000,000. The Executive Director recommends that the Executive Board approve the following amount from general resources, subject to the availability of funds, and the following amount in supplementary funds, subject to the availability of specific-purpose contributions, for the country programme listed below.

Country/programme	Amount (United States dollars)		Duration
	General resources	Supplementary funds	
Maldives	3 750 000	2 550 000	1994-1998

A summary of the recommendation follows.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1993, will be contained in the "Summary of 1994 recommendations for general resources and supplementary funding programmes" (E/ICEF/1994/P/L.3 and Add.1).

MALDIVES

Basic data (1992 unless otherwise stated)

Child population (millions, 0-15 years)	0.1
U5MR (per 1,000 live births) (1990)	78
IMR (per 1,000 live births) (1991)	56
Underweight (% moderate and severe) (1990)	40
Maternal mortality rate (per 100,000 live births)	400
Literacy (% male/female)	98/98
Primary school enrolment (% net, male/female)	82/81
Percentage of grade 1 reaching grade 4	80
Access to safe water (%) (1991)	69
Access to health services (%) (1990)	68
GNP per capita (1991)	$460

One-year-olds fully immunized against:

tuberculosis:	99 per cent
diphtheria/pertussis/tetanus:	98 per cent
measles:	98 per cent
poliomyelitis:	98 per cent

Pregnant women immunized against:

tetanus:	95 per cent

The situation of children and women

1. The Republic of Maldives is a coral archipelago of 1,200 islands in the Indian Ocean, 200 of which are inhabited. Apart from the capital Malé, the remaining inhabited islands are grouped into 20 atolls. The economy is based on tourism and fishing, with an annual growth rate of around 8 per cent over the last decade. During the past 10 years, the population grew at an average annual rate of over 3 per cent. Of a total population of 223,000 in 1992, 60,000 lived in Malé. Transportation is difficult and expensive, particularly during the monsoon months.

2. The national programme of action (NPA) was completed by the Government in 1992 and sets the goals for children for the year 2000. The South Asian Association for Regional Cooperation, of which Maldives is a Member State, adopted the "Colombo Resolution on Children" in September 1992, reaffirming the mid-decade and end-decade goals for children in the region. As a result of administrative changes following the presidential election in 1993, a new Ministry for Youth, Women's Affairs and Sports has been created. The Fourth National Development Plan (1994-1996) reflects the goals of the NPA and gives priority to social development, including human resource development; improving services in education, health, water supply and environmentally sound sanitation; and accelerating development in the atolls.

3. Significant progress in child survival has been made in Maldives during the past decade. The infant mortality rate (IMR) declined from 95 per 1,000 live births in 1980 to 56 per 1,000 live births in 1990, and the under-five mortality rate declined from 150 per 1,000 live births in 1980 to 78 per 1,000 live births in 1992. Universal child immunization (UCI) was achieved in 1989 and is being sustained, and the country is well en route towards achieving all the mid-decade immunization goals. Malaria has been eradicated and the diarrhoea case fatality rate was reduced from 0.26 per cent in 1985 to 0.06 per cent in 1991. The major cause of death for children is now acute respiratory infections (ARI).

4. Progress has been made in child development. The net enrolment rate for primary education is above 80 per cent for both boys and girls, compared to below 50 per cent a decade ago. But the quality of and equity in access to basic education remain major problems. Pre-schools often lack teaching and learning materials. Partial data indicate that the number of children who are underweight for their age declined from 50 per cent in 1985 to 40 per cent in 1991. Iodine deficiency disorders (IDD) have not been observed, and vitamin A deficiency is believed to have been eliminated. Approximately 30 per cent of all children and women suffer from iron deficiency anaemia. A national nutrition survey in 1994 will provide more accurate data on the situation.

5. The maternal mortality rate (MMR) is still high at 400 per 100,000 live births, though much lower than the estimated 700 per 100,000 live births in 1980. Traditional birth attendants are responsible for most deliveries, and there is little opportunity for referral to medical services outside Malé. Some 65 per cent of all women marry at less than 18 years of age. Only 50 per cent of couples have knowledge of family planning, and pregnancies are usually too early and too closely spaced. On average, a woman will have been married four times by age 50. Female literacy is reported to be 98 per cent and there is little gender disparity in primary education. But after grade five, girls have limited access to secondary education. Moreover, there are very few opportunities for women in post-school job training. As a result, female participation in the labour force is low and has declined from 25 per cent in 1985 to 21 per cent in 1990.

6. There are significant disparities between living conditions in Malé and the atolls. In 1991, MMR for Malé was 145 per 100,000 live births, whereas it was 483 per 100,000 live births in the atolls. The primary school net enrolment ratio in the atolls was about 20 per cent lower than the national average. Approximately one half of the atoll teachers remain untrained, and those with training have less than eight years of schooling. Approximately 60 per cent of the atoll population have access to safe water supplies and 20 per cent have a household latrine, whereas in Malé, universal access to both safe water and sanitation has been basically achieved.

7. Quantified data on children in especially difficult circumstances are limited. However, known problems include children from broken families; migrant children from the atolls, especially girls; children having difficulties with the law; victims of abuse; and disabled children. The frequent change of parents due to divorce suggests that these problems may be greater than currently estimated.

Programme cooperation, 1990-1993

8. The objectives of the programme of cooperation have been: (a) to enhance child survival and development through interventions such as UCI, promotion of oral rehydration therapy (ORT) and growth monitoring and promotion; and (b) to help reduce the disparities in living conditions between Malé and the atolls by accelerating the development of services in the atolls in primary education, maternal and child health (MCH) care, water supply and sanitation and women-oriented activities.

Child health and growth monitoring and promotion

9. From 1990 to 1993 immunization coverage of children has been sustained at over 90 per cent. Tetanus toxoid coverage for pregnant women increased from 67 per cent in 1990 to 95 per cent in 1992. The country has been polio free since 1981, and no other vaccine-preventable diseases have been reported since 1986, except for a few cases of neonatal tetanus. The Department of Public Health has established a system whereby an outreach team of community health workers provides four rounds of immunizations per year at each atoll health centre. Training was provided for 560 health care workers in appropriate diarrhoea management with oral rehydration salts (ORS) and ORT. Some 50 per cent of mothers know how to prepare the solution correctly, but the actual usage rate for ORT is estimated below 30 per cent. Some 460 family health workers have been trained to monitor and record children's growth, as well as to counsel parents on children's nutrition and on corrective measures to be taken when growth falters. Nearly all children are issued a growth chart at the time of birth and are weighed at least five to six times in the first three years of life.

Education

10. With the construction of 50 primary schools in the atolls with UNICEF assistance, nearly every island now has a primary school. UNICEF also supported curriculum development and the strengthening of an education media unit. Funding support to the Institute for Teacher Education has helped to train 700 teachers for atoll primary schools. Assistance to the Non-formal Education Centre pioneered a condensed education programme for disadvantaged children; a distance education project for the atolls; and a project to establish atoll educator resource centres.

Women in development

11. Support was provided to establish 14 island women's centres, as well as skills development and training and leadership training. So far, only two centres have been completed and are functioning, while the rest are expected to be completed by 1995. The delay is due mainly to the limited staff and management resources of the Department of Women's Affairs. The newly created Ministry of Youth, Women's Affairs and Sports will be strengthened in planning, implementing and monitoring activities.

Water supply and sanitation

12. UNICEF provided materials for the construction of about 600 community and 1,800 household ferro-cement rainwater collection tanks on 100 islands. This helped to increase the access to safe water in the atolls to 62 per cent. Household tanks are constructed on a cost-recovery basis and repayment is improving considerably. Progress in sanitation has been slower. A more suitable type of latrine system needs to be designed to appeal to more families. The Government has recently established a unit at the Department of Public Health for health and hygiene education in collaboration with the media. This will help to strengthen hygiene education, which so far has been weak.

Evaluation and lessons learned

13. The mid-term review held jointly by the Government and UNICEF in 1992 recommended the application of successful experiences in child survival to other goals, including expanding the commitments of the Government, as reflected in its significant budget increase for primary health care and education; strengthening the capacity of outreach teams for services in the atolls; and community co-financing for water collection tanks. The main constraints to anticipate and manage are: the limited management resources of the coordinating ministries and the atoll and island development committees; a serious shortage of trained human resources in atolls; and limited access of women to information, education and communication.

Programme objectives and strategies

14. In the first phase of the programme (1994-1995), the aim will be to assist the country to achieve the mid-decade goals, i.e. to sustain immunization coverage of the six antigens of the expanded programme on immunization (EPI) at above 95 per cent; to maintain zero cases of measles and polio; to eliminate neonatal tetanus; to increase the ORT usage rate to 80 per cent; to achieve exclusive breast-feeding for the first four to six months of life; to reduce iron deficiency anaemia to 20 per cent; and to confirm that IDD and vitamin A deficiency are not prevalent. In the second phase of cooperation, from 1996 through 1998, the programme will help to achieve the end-decade goals in the NPA, which include reducing IMR to 25 per 1,000 live births and MMR to 100 per 100,000 live births; increasing primary education completion to 95 per cent and adult literacy to 100 per cent; reducing the number of children who are underweight for their age from 40 per cent in 1990 to 10 per cent; and providing universal access to safe water supplies and sanitation.

Recommendation programme cooperation, 1994-1998

Estimated annual expenditure

(In thousands of United States dollars)

	1994 a/	1995	1996	1997	1998	Total
General resources						
Children's and women's health and development	250	280	280	260	260	1 330
Education	230	220	220	250	250	1 170
Nutrition	50	50	50	50	50	250
Water supply and environmental sanitation	170	150	150	130	120	720
Advocacy and social mobilization	30	30	30	40	40	170
Programme support	20	20	20	20	30	110
Subtotal	750	750	750	750	750	3 750
Supplementary funding						
Children's and women's health and development	200	275	275	300	300	1 350
Education	75	125	125	100	100	525
Water supply and environmental sanitation	50	100	100	100	100	450
Children in especially difficult circumstances	25	50	50	50	50	225
Subtotal	350	550	550	550	550	2 550
Total	1 100	1 300	1 300	1 300	1 300	6 300

a/ A total of $547,000 was already approved by the Executive Board for the year 1994 as part of the previous programme cycle. An increase of $203,000 in general resources is being requested for 1994.

15. The basic strategies to achieve the goals are: (a) strengthening of service delivery, especially in low-performing atolls; (b) capacity-building through human resource development, systems development in Government and strengthening atoll development committees in programme planning, implementation and monitoring; (c) community empowerment, especially women's development, through multisectoral approaches focusing on the transfer of skills and knowledge; and (d) advocacy for the rights of children and women, including greater attention to maternal mortality, gender issues and resource mobilization, including community co-funding.

Children's and women's health and development

16. The achievement of EPI-related goals will be sustained. The Government will gradually assume full responsibility for vaccine supplies and maintenance of the cold chain. The national ARI programme will be supported jointly by the

World Health Organization (WHO) and UNICEF to accelerate screening and case management at household and health centre levels. To promote the use of ORT and continued feeding during episodes of diarrhoea, ORT/ORS units will be established on all 200 islands for counselling and monitoring purposes, and intensive training for case management will be provided for 20 atoll-level health centres.

17. Technical assistance will be provided for the newly established Ministry of Youth, Women's Affairs and Sports to develop a national policy on women and to create awareness of gender issues. In collaboration with the Department of Public Health and the atoll and island development committees, the Ministry will complete the 12 remaining island women's centres by 1995 and extend the programme experiences to more than 100 islands by 1998. The island women's centres will serve not only for MCH activities as in the previous country programme, but also for community education on children's and women's health, marriage, child spacing, nutrition, hygiene, skills and job training for women and women's credit schemes. Training will be provided for the staff of the four regional health centres and their outreach teams to review all maternal deaths and to strengthen the skills of health workers to identify high-risk cases.

Nutrition

18. The national nutrition survey supported jointly by UNICEF, WHO and the All India Institute of Nutrition will be completed in mid-1994. The survey will analyse the need for proper breast-feeding and weaning practices, child care, hygiene, sanitation and proper food and cooking, and will call for a greater emphasis on family and community action and the empowerment of mothers through a multisectoral programme. The survey should also confirm that the IDD and vitamin A deficiency mid-decade goals have been achieved. Continued advocacy, training and monitoring for the promotion of breast-feeding and the Baby-Friendly Hospital Initiative will be supported, since at present all babies are given glucose water during the first two days of life. Iron deficiency anaemia will be addressed through increased awareness of the nutrition needs of the girl child and the distribution of iron folate tablets at antenatal clinics.

Education

19. In order to improve the quality of and access to education in the atolls, 20 atoll educator resource centres will be established and strengthened to provide training to 700 local primary schoolteachers. Teaching and learning materials will be developed and provided to all the island schools, and school libraries will be developed, since reading materials are scarce. About 30,000 primary schoolchildren will benefit. The Ministry of Atoll Administration, the Ministry of Education and the Ministry of Youth, Women's Affairs and Sports will plan and undertake these activities jointly. Distance education through radio education programmes will be explored. The above-mentioned ministries, in collaboration with the island development committees and island women's centres, will develop home-based approaches for early childhood development. Training will be provided for some 200 traditional pre-schoolteachers to benefit at least 8,000 children under six years old.

Water supply and environmental sanitation

20. Support will continue for the construction of community and household rainwater collection tanks through community financing to further increase the coverage of safe water supplies from 62 per cent to 100 per cent in the atolls. Household latrine construction will be supported, and a consultant is working on the design for appropriate technologies to be adopted. To increase the coverage of household latrines from the present 30 per cent in the atolls to 100 per cent will be a great challenge, but acceleration is possible through community and family financing. Support will be provided to the Hygiene Education Unit of the Department of Public Health for developing education and communication materials on hygiene education, and training will be provided to health workers through the regional outreach teams for advocacy and monitoring purposes.

Children in especially difficult circumstances

21. The programme will provide support for the implementation of the Convention on the Rights of the Child. A law on children's rights was adopted in 1992, and the Government has formed a National Council for follow-up on the Convention. Support for the National Council will continue through the training of 270 counsellors for parents and community leaders. A situation analysis on the magnitude of the problem of children in especially difficult circumstances nation-wide will open the way for the development of more concrete objectives and strategies.

Programme management

22. UNICEF assistance is expected to play a catalytic role in the country's efforts to achieve the mid-decade and end-decade goals, requiring advocacy and support to the Government, as well as close collaboration with community leaders for actions at local levels. To strengthen staff capacity, a new international project post was established, initially for 1994, and will be extended through 1998 upon the approval of the proposed country programme. This post will be in addition to the post of assistant representative, which is at present the sole international post in UNICEF Malé.

23. Close collaboration with other United Nations agencies, including the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA) and WHO, as was carried out in the process of programme formulation, will continue in programme resource mobilization, implementation, monitoring and evaluation. UNDP, UNFPA and UNICEF now share common premises. Donors such as the Japan National Committee for UNICEF, the Netherlands National Committee for UNICEF, the Swiss National Committee for UNICEF, the United Kingdom of Great Britain and Northern Ireland National Committee for UNICEF and the Organization of Petroleum Exporting Countries contributed greatly to the past programme cycle, and their continued support will be essential.